

<b>Case Number:</b>	CM14-0048152		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	01/23/2014
<b>Decision Date:</b>	08/06/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/16/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 55 year old with an injury date on 1/23/14. Based on the 3/6/14 progress report provided by [REDACTED] the diagnoses are: 1. cervical contusion sprain - mild disc bulging - right forearm contusion sprain. 2. right shoulder contusion sprain tendonitis. 3. thoracic contusion and sprain Exam on 3/6/14 showed "stands with straight posture, walks with normal gait. Tenderness to palpation of upper thoracic area. Moderately limited range of motion of C-spine. Flexion 100 Extension 80. T-spine range of motion: flexion 80, extension 20, rotation 30. Straight leg raise is negative bilaterally." [REDACTED] is requesting outpatient physical therapy 2x per week for 3 weeks for a total of 6 sessions for the cervical and thoracic spine. The utilization review determination being challenged is dated 3/24/14 and rejects request as patient has completed 7 sessions of physical therapy and there is no documentation of improvement from prior treatments. [REDACTED] is the requesting provider, and he provided treatment reports from 1/22/14 to 6/26/14.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Outpatient Physical Therapy (PT) 2 x per week for 3 weeks (for a total of 6 sessions) for the cervical and thoracic spine:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Therapy. Decision based on Non-MTUS Citation ODG Guidelines, Physical Therapy.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Physical Medicine Page(s): 98, 99:.

**Decision rationale:** This patient presents with neck pain radiating to bilateral shoulders/right arm with tingling/numbness, and back pain. The treater has asked for outpatient physical therapy 2 x per week for 3 weeks for a total of 6 sessions for the cervical and thoracic spine on 3/6/14. Patient has apparently transitioned from physical therapy to independent home exercise, but number of sessions was not specified in the 1/22/14 report. There is also report from 2/7/14 indicating that the patient had 1 therapy session. Patient has no recent surgeries in the provided reports. MTUS Guidelines allows for 8-10 sessions of physical therapy for various myalgias and neuralgias. In this case, the patient had 1 documented session of physical therapy, has limited range of motion of C-spine and T-spine, and presents with persistent radicular symptoms. However, per 1/22/14, the patient appears to have had a course of therapy having transitioned into home program. MTUS page 8 require that the treater providing monitoring of the patient's progress and make appropriate recommendations. Review of the available reports does not discuss the rationale for additional therapy, why it is needed and how the patient is doing from prior therapy. Request for Outpatient Physical Therapy (PT) 2 x per week for 3 weeks (for a total of 6 sessions) for the cervical and thoracic spine is medically necessary.